JACC cardiovascular Interventions

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Rotational atherectomy (RA) facilitates procedural and angiographic success in percutaneous coronary intervention of complex, rigid lesions, particularly those affected by severe calcification. Evidence for long-term reduction in restenosis and major adverse cardiovascular events, however, is lacking. We review RA technique, safety, and efficacy data in the era of drug-eluting stents, strategies to prevent and manage complications, including slow-flow/no-reflow and burr entrapment; and appropriate use in the context of broader evolution in management of stable ischemic heart disease.

This study compared clinical outcomes after percutaneous coronary intervention (PCI) with drug-eluting stents (DES) (n = 482) versus coronary artery bypass graft (CABG) (n = 374) for ostial/midshaft lesions in an unprotected left main coronary artery (ULMCA). At 1,293 days, there were no significant differences in the propensity score–adjusted analyses for the composite endpoint of all-cause death, myocardial infarction, and cerebrovascular accident and major adverse cardiac and cerebrovascular events. However, a higher incidence of target vessel revascularization was observed in the PCI compared with the CABG group, with a trend toward higher target lesion revascularization. In conclusion, this study demonstrates that PCI for ostial/midshaft lesions in a ULMCA is associated with clinical outcomes comparable to those observed with CABG at long-term follow-up, despite the use of older, first-generation DES.

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